

E. coli: first among the causes of acute cystitis

Uncomplicated urinary tract infections, such as acute cystitis, are most frequently caused by serotypes of *E. coli* that are sensitive to the sulfonamides.¹

References: 1. Johnson JE. Urinary tract infections, chap. 24, in *Clinical Concepts of Infectious Diseases*, edited by Cluff LE and Johnson JE. Baltimore: The Williams & Wilkins Co., 1972, p. 273.
2. Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey 07110.

Escherichia coli

Proteus mirabilis

Klebsiella-Aerobacter



Gantanol[®] [sulfamethoxazole] **effective first-line therapy for these important reasons**

Efficacy You can initiate Gantanol therapy before urine-culture results are available from the laboratory, since Gantanol has demonstrated efficacy against the organisms that cause most urinary tract infections, including *E. coli*. In a clinical trial of 406 patients with acute, nonobstructed cystitis due to susceptible bacteria, 81% achieved totally clear (zero colony count/ml) urine cultures, while 88% achieved negative (<10,000/ml) cultures.²

Convenience The fewer the daily doses, the more likely the patient is to comply with the prescribed regimen. Gantanol DS adds the extra convenience of a single tablet to the *b.i.d.* convenience of Gantanol.

Economy Gantanol DS (Double Strength) tablets make Gantanol therapy even more economical for your patients.

Please note that Gantanol is contraindicated during pregnancy, the nursing period, and in infants under 2 months. During therapy, caution patients to maintain adequate fluid intake; perform frequent CBC's and urinalyses with careful microscopic examination.

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4 tablets initially, then 2 tablets *b.i.d.*

Now with even greater convenience and economy

**Double
Strength
Tablets**

sulfamethoxazole/Roche
2 tablets initially, then only 1 tablet *b.i.d.*

Please see next page for a summary of product information.

Only 1 tablet *b.i.d.* Gantanol® DS sulfamethoxazole/Roche

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute, recurrent or chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, staphylococcus, *Proteus mirabilis* and, less frequently, *Proteus vulgaris*), in the absence of obstructive uropathy or foreign bodies. Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response; add aminobenzoic acid to follow-up culture media. The increasing frequency of resistant organisms limits the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and early clinical signs (sore throat, fever, pallor, purpura or jaundice) may indicate serious blood disorders. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, bronchial asthma; in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: *Blood dyscrasias* (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia); *allergic reactions* (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); *gastrointestinal reactions* (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); *CNS reactions* (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); *miscellaneous reactions* (drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis). Usual adult dosage: 2 Gm (2 DS tabs or 4 tabs or 4 teasp.) initially, then 1 Gm *b.i.d.* or *t.i.d.* depending on severity of infection.

Usual child's dosage: 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs *b.i.d.* Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: DS (double strength) Tablets, 1 Gm sulfamethoxazole; Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.



Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



BETH ISRAEL HOSPITAL Conference and Institute Program 1979 Winter Schedule

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February 10 to 17, 1979 • Lion Square Lodge, Vail, Colorado

Fifth Annual Vail OB/GYN Conference

February 17 to 24, 1979 • The Mark, Vail, Colorado

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First Annual Vail Emergency Medicine/ Critical Care Conference

February 17 to 24, 1979 • Kiandra-Talisman Lodge, Vail, Colorado

Ninth Annual Aspen Radiology Conference

February 24 to March 3, 1979
Aspen Institute for Humanistic Studies, Aspen, Colorado

Second Annual Vail Cancer Conference

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First Annual Vail Sports Medicine Conference

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Fourth Annual Vail General Surgery Conference

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Your diagnosis is firm:
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His future is in your hands now. The
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What are the odds against that future?
The sad fact is, half of America's hyper-
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daily, and for the rest of your patient's
life. Teach your patient about the
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and side effects. The more he knows,
the more he'll be involved.

2. CATAPRES® (clonidine hydro-
chloride), because the data show that
people stay with it. It has a high
adherence rate.² There are good
and substantial reasons why pa-
tients stay with Catapres—read
them on the next pages.

Counsel...and Catapres. They can
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patient's future. And to change them
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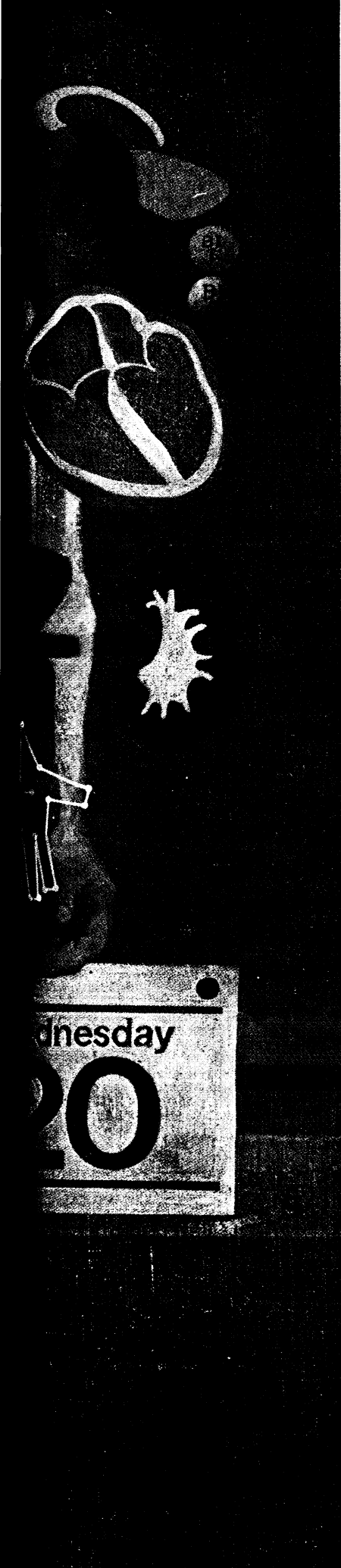
*By repeated determinations of the basal blood pres-
sure,** and once the medical history, physical examina-
tion, including fundoscopic and routine laboratory tests,[†]
have been completed, one is usually able to exclude sec-
ondary causes and to be reasonably comfortable with a
diagnosis of primary or essential hypertension.

**The National Hypertension Program Study Committee,
in September, 1972, recommended blood pressures ex-
ceeding 140/90 mm Hg be regarded as excessive for adult
Americans under age 50. The World Health Committee
ceiling has been 160/95 mm Hg.

[†]Hematocrit, urinalysis, creatinine (or urea nitrogen), tri-
glycerides, cholesterol, uric acid, plasma glucose, serum
potassium, electrocardiogram, and chest x-ray.

Please see brief summary of prescribing information on last
page of advertisement for warnings, precautions, and
adverse reactions.





Tablets of 0.1 and 0.2 mg

Catapres[®] (clonidine HCl)

can help you shape his world

For most hypertensives, you need only two drugs...
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Start with either, depending on your judgment.

If you've come to expect only this much of Catapres...

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1. no contraindications
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3. normal hemodynamics
4. no fatal hepatotoxicity
5. excellent record of compliance

Most common side effects are dry mouth, drowsiness, and sedation,
which generally tend to diminish with time.

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advertisement for warnings, precautions, and adverse reactions.

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Catapres® (clonidine HCl)

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- Patient worksheets
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- Other effective compliance enhancers

References:

1. Wilber JA, Barrow JS: Am J Med, 52:653-663, 1972.
2. Data on file at Boehringer Ingelheim Ltd.



**Boehringer
Ingelheim**

Boehringer Ingelheim Ltd.
Ridgefield, CT 06877

**Catapres® brand of
clonidine hydrochloride**
Tablets of 0.1 mg and 0.2 mg

Indication: The drug is indicated in the treatment of hypertension. As an antihypertensive drug, Catapres (clonidine hydrochloride) is mild to moderate in potency. It may be employed in a general treatment program with a diuretic and/or other antihypertensive agents as needed for proper patient response.

Warnings: Tolerance may develop in some patients necessitating a reevaluation of therapy.

Usage in Pregnancy: In view of embryotoxic findings in animals, and since information on possible adverse effects in pregnant women is limited to uncontrolled clinical data, the drug is not recommended in women who are or may become pregnant unless the potential benefits outweigh the potential risk to mother and fetus.

Usage in Children: No clinical experience is available with the use of Catapres (clonidine hydrochloride) in children.

Precautions: When discontinuing Catapres (clonidine hydrochloride), reduce the dose gradually over 2 to 4 days to avoid a possible rapid rise in blood pressure and associated subjective symptoms such as nervousness, agitation, and headache. Patients should be instructed not to discontinue therapy without consulting their physician. Rare instances of hypertensive encephalopathy and death have been recorded after cessation of clonidine hydrochloride therapy. A causal relationship has not been established in these cases. It has been demonstrated that an excessive rise in blood pressure, should it occur, can be reversed by resumption of clonidine hydrochloride therapy or by intravenous phentolamine. Patients who engage in potentially hazardous activities, such as operating machinery or driving, should be advised of the sedative effect. This drug may enhance the CNS-depressive effects of alcohol, barbiturates and other sedatives. Like any other agent lowering blood pressure, clonidine hydrochloride should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal failure.

As an integral part of their overall long-term care, patients treated with Catapres (clonidine hydrochloride) should receive periodic eye examinations. While, except for some dryness of the eyes, no drug-related abnormal ophthalmologic findings have been recorded with Catapres (clonidine hydrochloride), in several studies the drug produced a dose-dependent increase in the incidence and severity of spontaneously occurring retinal degeneration in albino rats treated for 6 months or longer.

Adverse Reactions: The most common reactions are dry mouth, drowsiness and sedation. Constipation, dizziness, headache, and fatigue have been reported. Generally these effects tend to diminish with continued therapy. The following reactions have been associated with the drug, some of them rarely. (In some instances an exact causal relationship has not been established. These include: Anorexia, malaise, nausea, vomiting, parotid pain, mild transient abnormalities in liver function tests; one report of possible drug-induced hepatitis without icterus and hyperbilirubinemia in a patient receiving clonidine hydrochloride, chlorthalidone and papaverine hydrochloride. Weight gain, transient elevation of blood glucose, or serum creatine phosphokinase; congestive heart failure, Raynaud's phenomenon; vivid dreams or nightmares, insomnia, other behavioral changes, nervousness, restlessness, anxiety and mood depression. Also rash, angioneurotic edema, hives, urticaria, thinning of the hair, pruritus not associated with a rash, impotence, urinary retention, increased sensitivity to alcohol, dryness, itching or burning of the eyes, dryness of the nasal mucosa, pallor, gynecomastia, weakly positive Coombs' test, asymptomatic electrocardiographic abnormalities manifested as Wenckebach period or ventricular trigeminy.

Overdosage: Profound hypotension, weakness, somnolence, diminished or absent reflexes and vomiting followed the accidental ingestion of Catapres (clonidine hydrochloride) by several children from 19 months to 5 years of age. Gastric lavage and administration of an analeptic and vasopressor led to complete recovery within 24 hours. Tolazoline in intravenous doses of 10 mg at 30-minute intervals usually abolishes all effects of Catapres (clonidine hydrochloride) overdosage.

How Supplied: Catapres, brand of clonidine hydrochloride, is available as 0.1 mg (tan) and 0.2 mg (orange) oval, single-scored tablets in bottles of 100 and 1000.

For complete details, please see full prescribing information.

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PERCOCET-5 ^{Tablets} II

Brief Summary of Prescribing Information

DESCRIPTION Each tablet of PERCOCET®-5 contains 5 mg oxycodone hydrochloride (WARNING: May be habit forming), 325 mg acetaminophen (APAP).

INDICATIONS For the relief of moderate to moderately severe pain.

CONTRAINDICATIONS Hypersensitivity to oxycodone or acetaminophen.

WARNINGS **Drug Dependence** Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of PERCOCET®-5, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, PERCOCET®-5 is subject to the Federal Controlled Substances Act.

Usage in ambulatory patients Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using PERCOCET®-5 should be cautioned accordingly.

Interaction with other central nervous system depressants Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with PERCOCET®-5 may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

Usage in pregnancy Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, PERCOCET®-5 should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

Usage in children PERCOCET®-5 should not be administered to children.

PRECAUTIONS **Head injury and increased intracranial pressure** The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal conditions The administration of PERCOCET®-5 or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

Special risk patients PERCOCET®-5 should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

ADVERSE REACTIONS The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients, and some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation, skin rash and pruritus.

DOSAGE AND ADMINISTRATION Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. PERCOCET®-5 is given orally. The usual adult dose is one tablet every 6 hours as needed for pain.

DRUG INTERACTIONS The CNS depressant effects of PERCOCET®-5 may be additive with that of other CNS depressants. See WARNINGS. 6085 BS

DEA Order Form Required.

PERCOCET® is a U.S. registered trademark of Endo Inc.

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SOME PEOPLE CAN TOLERATE ANYTHING



PERCOCET-5

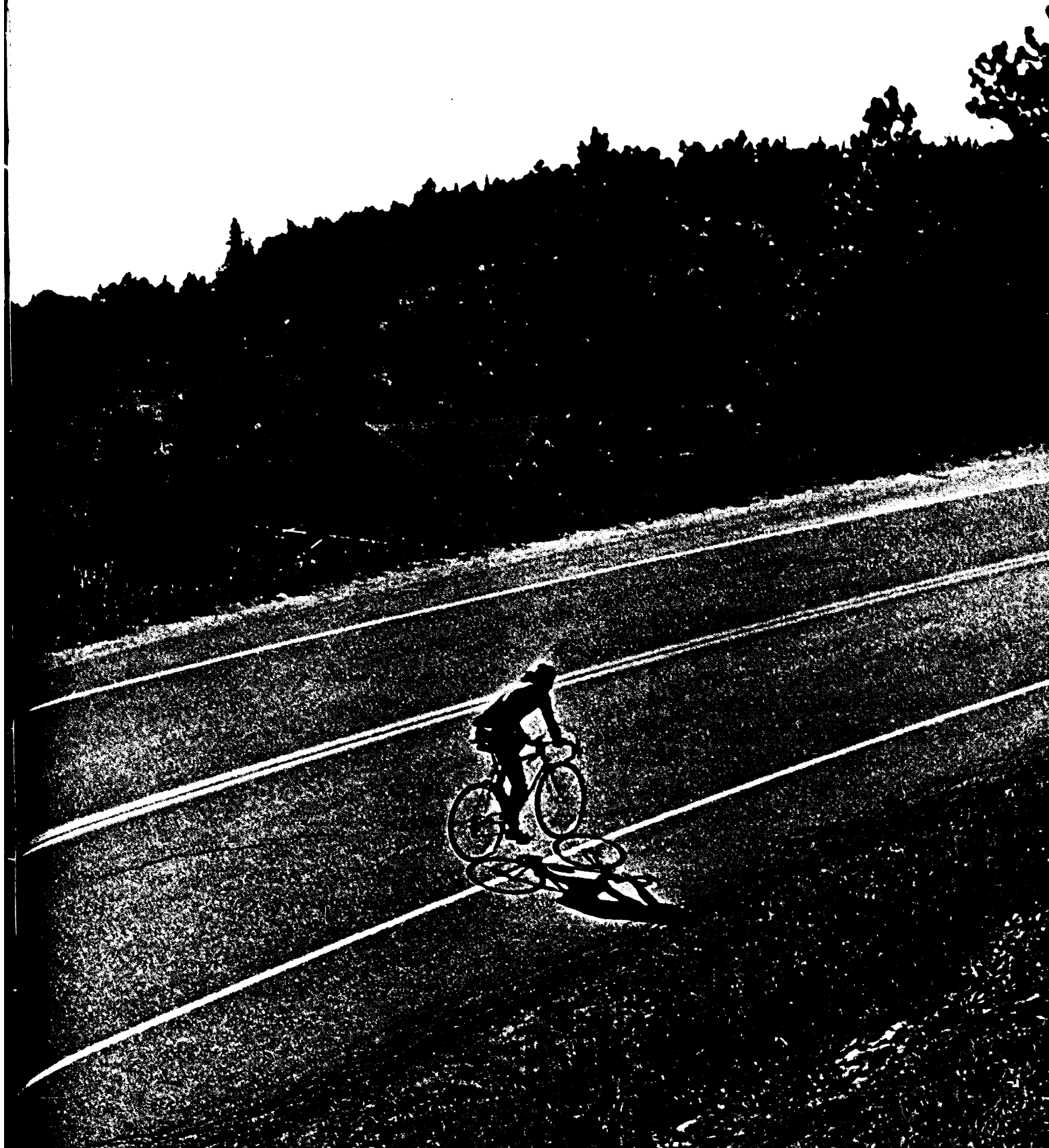
Each tablet contains 5 mg oxycodone HCl (WARNING: May be habit forming)
and 325 mg acetaminophen (APAP) 

...FOR THOSE WHO CAN'T TOLERATE ASPIRIN

- ☐ indicated for moderate to moderately severe pain
- ☐ contains well-tolerated acetaminophen
- ☐ provides the effective analgesia of oxycodone
 - ☐ scored tablet permits finer titration
 - ☐ convenient, economical q6h dosage

Please see opposite page for brief summary of prescribing information.





Brethine®
terbutaline sulfate

*Now the most widely
prescribed bronchodilator
tablet in the U.S.*

**In the long run,
breathing
is believing.**

1. Formgren H: The therapeutic value of oral long-term treatment with terbutaline in asthma. *Scand J Respir Dis* 56(6):321-328, 1975.
2. Larsson S et al: Lack of bronchial beta adrenoceptor resistance in asthmatics during long-term treatment with terbutaline. *J Allergy Clin Immunol* 59(2):93-100, 1977.
3. Wilson AF et al: Cardiopulmonary effects of long-term bronchodilator administration. *J Allergy Clin Immunol* 58(1):204-212, 1976.

Geigy

Brethine®, brand of terbutaline sulfate, Tablets 5 mg., Tablets 2.5 mg. Before prescribing or administering, please consult complete product information, a summary of which follows:

Tablets contain 5 mg. (equivalent to 4.1 mg. of free base) or 2.5 mg. (equivalent to 2.05 mg. of free base) of Brethine, brand of terbutaline sulfate.

Indications: As a bronchodilator for bronchial asthma and for reversible bronchospasm which may occur in association with bronchitis and emphysema.

Contraindications: Known hypersensitivity to sympathomimetic amines.

Warnings: *Usage in Pregnancy:* The safety of the use of Brethine, brand of terbutaline sulfate, in human pregnancy has not been established. The use of the drug in pregnancy, lactation, or women of childbearing potential requires that the expected therapeutic benefit of the drug be weighed against its possible hazards to the mother or child.

Usage in Pediatrics: Brethine, brand of terbutaline sulfate, tablets are not presently recommended for children below the age of twelve years due to insufficient clinical data in this pediatric group.

Precautions: Brethine, brand of terbutaline sulfate, should be used with caution in patients with diabetes, hypertension, hyperthyroidism, and a history of seizures. As with other sympathomimetic bronchodilator agents, Brethine, brand of terbutaline sulfate, should be administered cautiously to cardiac patients, especially those with associated arrhythmias. Although the concomitant use of Brethine, brand of terbutaline sulfate, with other sympathomimetic agents is not recommended, the use of an aerosol bronchodilator of the adrenergic stimulant type for the relief of an acute bronchospasm is not precluded in patients receiving chronic oral Brethine, brand of terbutaline sulfate, therapy.

Adverse Reactions: Commonly observed side effects include nervousness and tremor. Other reported reactions include headache, increased heart rate, palpitations, drowsiness, nausea, vomiting, sweating, and muscle cramps. These reactions are generally transient in nature, usually do not require treatment, and appear to diminish in frequency with continued therapy. In general, all the side effects observed are characteristic of those commonly seen with sympathomimetic amines.

How Supplied: Round, scored, white tablets of 5 mg. in bottles of 100 and 1,000 and Unit Dose Packages of 100; oval, scored, white tablets of 2.5 mg. in bottles of 100 and 1,000 and Unit Dose Packages of 100.

(B) 667005 (Rev. 3/78) C78-9

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502



Dyazide®

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Makes Sense in Hypertension*

Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

★ **Warning**

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K⁺ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K⁺ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spiro-lactone is used concomitantly, determine serum K⁺ frequently; both can cause K⁺ retention and elevated serum K⁺. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth, anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions, nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

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WARNING: Because of the potential hazard of nephrotoxicity and ototoxicity due to neomycin, care should be exercised when using this product in treating extensive burns, trophic ulceration and other extensive conditions where absorption of neomycin is possible. In burns where more than 20 percent of the body surface is

affected, especially if the patient has impaired renal function or is receiving other aminoglycoside antibiotics concurrently, not more than one application a day is recommended.

When using neomycin-containing products to control secondary infection in the chronic dermatoses, it should be borne in mind that the skin is more liable to become sensitized to many substances, including neomycin. The manifestation of sensitization to neomycin is usually a low grade reddening with swelling, dry scaling and itching; it may be manifest simply as failure to heal. During long-term use of neomycin-containing products, periodic examination for such signs is advisable and the patient should be told to discontinue the product if they are observed. These symptoms regress quickly on withdrawing the medication. Neomycin-containing applications should be avoided for that patient thereafter.

PRECAUTIONS: As with other antibacterial preparations, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. Appropriate measures should be taken if this occurs.

ADVERSE REACTIONS: Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Ototoxicity and nephrotoxicity have been reported (see Warning section).

Complete literature available on request from Professional Services Dept. PML.

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- Mental Dysfunction: Depression, Crisis Intervention, and Suicide
- Holistic Aspects of Medical Care and Evaluation
- Funduscopy Manifestation of Systemic Disease
- Peptic Ulcers Disease—Recent Advances in Treatment
- What Can We Do for Cancer Today
- Antibiotics—When to Use
- Aspects of Human Sexuality

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LAKELAND VILLAGE—
SOUTH LAKE TAHOE

JANUARY 25-28

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- Organic Brain Syndrome
- Coping with Being the Spouse of a Physician
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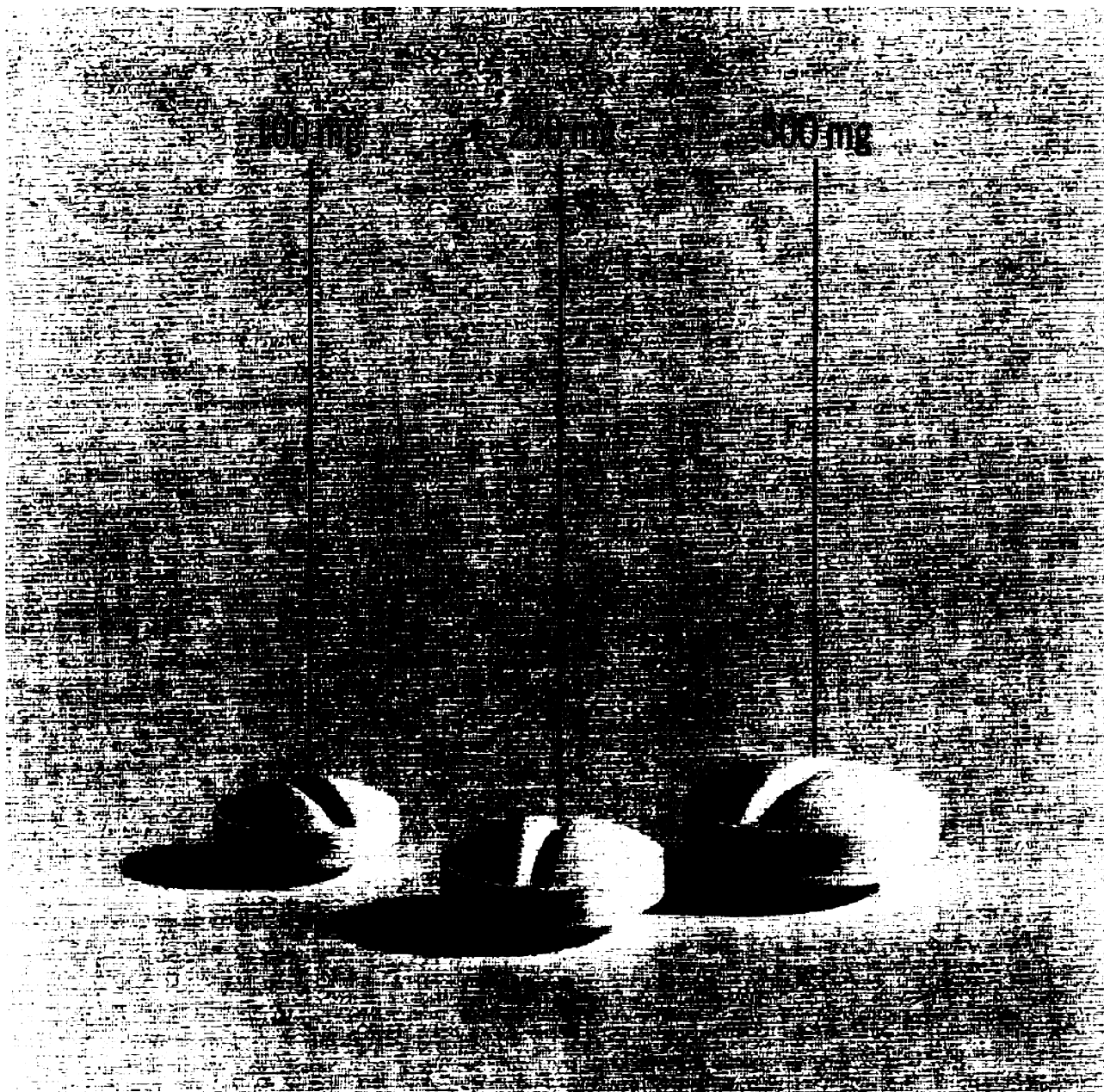
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(Continued on Page 26)

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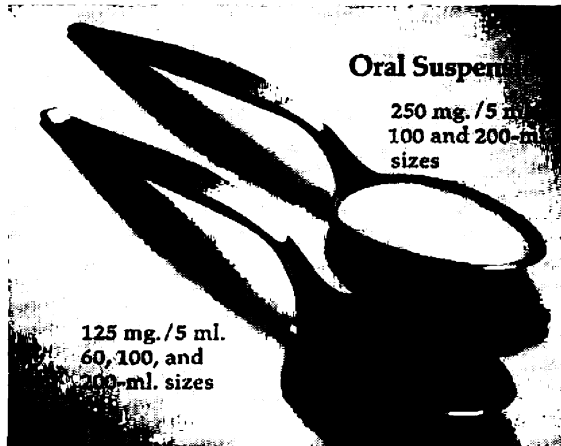
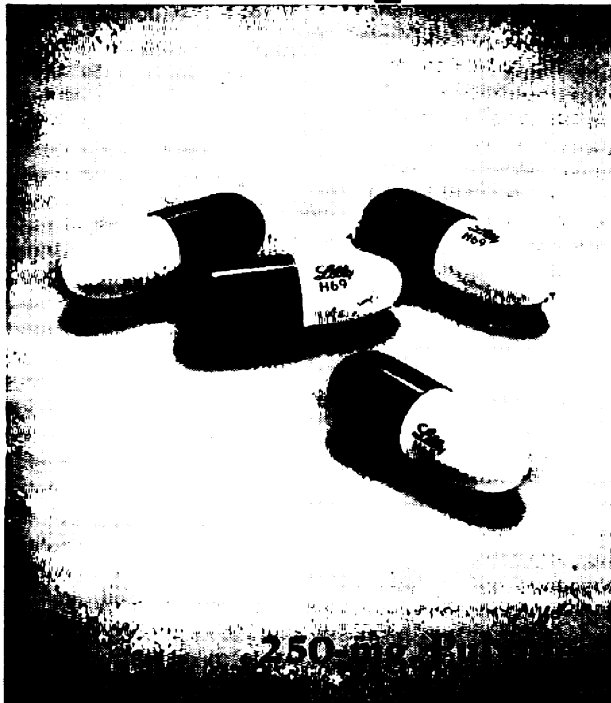


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RECENT ADVANCES IN GERIATRIC MEDICINE—Number 1—Edited by Bernard Isaacs, MD, FRCP (Glas), MRCP (Edin), Charles Hayward Professor of Geriatric Medicine, University of Birmingham, England. Churchill Livingstone—Medical Division of Longman Inc., 19 West 44th St., New York City (10036), 1978. 172 pages, \$25.00.

RESPECTFUL TREATMENT—The Human Side of Medical Care—Martin R. Lipp, MD, Assistant Clinical Professor, Department of Psychiatry and Ambulatory and Community Medicine, University of California, San Francisco; Staff Physician, Emergency Department, Permanente Medical Group, Hayward, California. Medical Department, Harper & Row, Publishers, 2350 Virginia Ave., Hagerstown, MD (21740), 1977. 232 pages, including index, \$11.50 (Paperback).

REVIEW OF MEDICAL PHARMACOLOGY—Sixth Edition—Frederick H. Meyers, MD, Professor of Pharmacology; Ernest Jawetz, MD, PhD, Professor of Microbiology and Medicine, and Alan Goldfien, MD, Professor of Medicine, Departments of Medicine and Obstetrics and Cardiovascular Research Institute, School of Medicine, University of California, San Francisco. Lange Medical Publications, Drawer L, Los Altos, CA (94022), 1978. 762 pages, \$14.50.

STRONG MEDICINE—History of Healing on the Northwest Coast—Robert E. McKechnie II, MD, Vancouver, BC. Exclusive Distributor: ISBS, Inc., P.O. Box 555, Forest Grove, OR (97116), 1972. 193 pages, \$8.95 (Cloth), \$4.95 (Paperback).

TEXTBOOK OF SURGERY—Fourth Edition—Edited by David A. Macfarlane, BSc, MCh, FRCS, Consultant Surgeon, Westminster Hospital Group, London; Examiner in Surgery, Court of Examiners, Royal College of Surgeons of England; Honorary Senior Lecturer, Westminster Hospital Medical School; Teacher of Surgery, University of London; Hunterian Professor, Royal College of Surgeons of England; and Lewis P. Thomas, BSc, MCh, FRCS, Consultant Surgeon, Royal Gwent Hospital, Newport; Formerly Senior Lecturer in Surgery, Welsh National School of Medicine, Cardiff. Churchill Livingstone/Medical Division of Longman Inc., 19 West 44th St., New York City (10036), 1977. 787 pages, \$21.50.

VISIONETICS—The Holistic Way to Better Eyesight—Lisette Scholl, with John Selby as Consultant, Doubleday & Company, Inc., 245 Park Avenue, New York City (10017), 1978. 222 pages, \$4.95 (Paperback).

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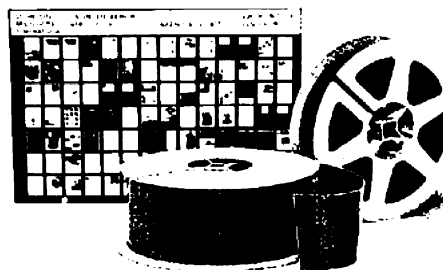
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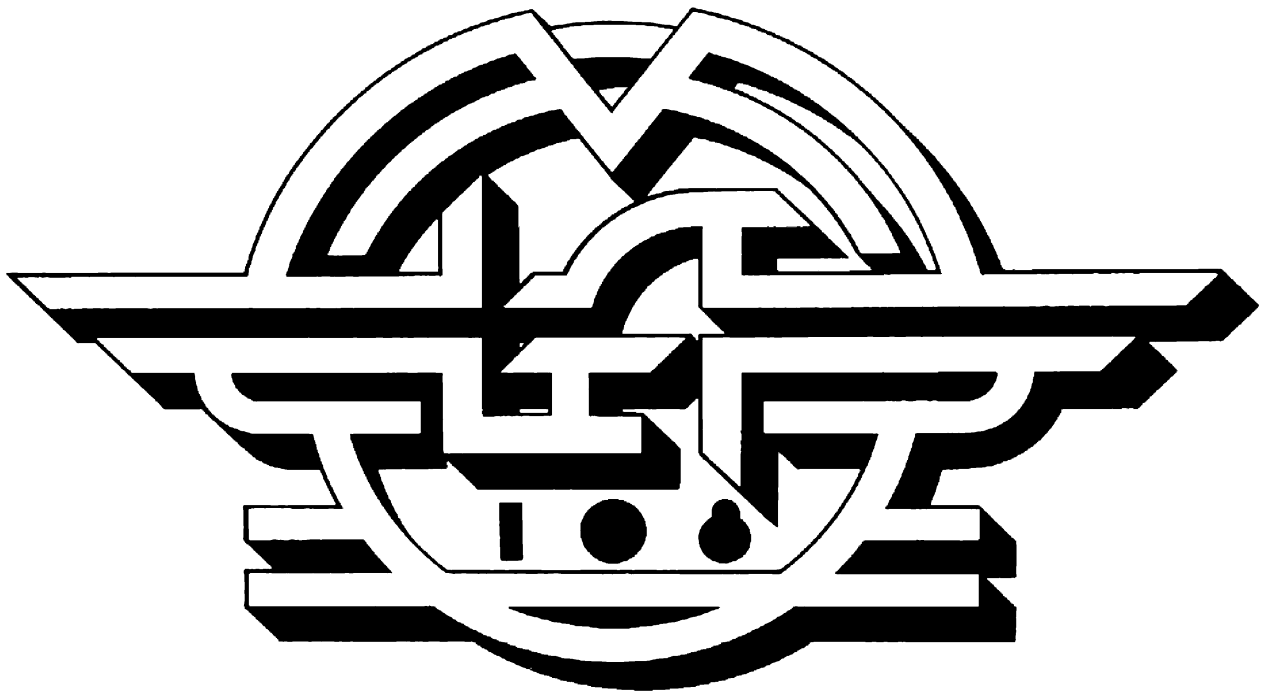
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The effectiveness of Valium (diazepam) in long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should periodically reassess the usefulness of the drug for the individual patient.

Contraindications: Tablets in children under 6 months of age; known hypersensitivity; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: As with most CNS-acting drugs, caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Withdrawal symptoms (similar to those with barbiturates, alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal muscle cramps, vomiting, sweating). Keep addiction-prone individuals (drug addicts or alcoholics) under careful surveillance because of predisposition to habituation dependence.

Use in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations, as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

ORAL: Advise patients against simultaneous ingestion of alcohol and other CNS depressants.

Not of value in treatment of psychotic patients; should not be employed in lieu of appropriate treatment. When using oral form adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may be associated with temporary increase in frequency and/or severity of seizures.

INJECTABLE: To reduce the possibility of venous thrombosis, phlebitis, local irritation, swelling, and, rarely, vascular impairment when used I.V., inject slowly, taking at least one minute for each 5 mg (1 ml) given; do not use small veins, i.e., dorsum of hand or wrist; use extreme care to avoid intra-arterial administration or extravasation. Do not mix or dilute Valium with other solutions or drugs in syringe or infusion flask. If it is not feasible to administer Valium directly I.V., it may be injected slowly through the infusion tubing as close as possible to the vein insertion.

Administer with extreme care to elderly, very ill, those with limited pulmonary reserve because of possibility of apnea and/or cardiac arrest; concomitant use of barbiturates, alcohol or other CNS depressants increases depression with increased risk of apnea; have resuscitative facilities available. When used with narcotic analgesic eliminate or reduce narcotic dosage at least 1/3, administer in small increments. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs.

Has precipitated tonic status epilepticus in patients treated for petit mal status or petit mal variant status.

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Efficacy/safety not established in neonates (age 30 days or less); prolonged CNS depression observed. In children, give slowly (up to 0.25 mg/kg over 3 minutes) to avoid apnea or prolonged somnolence; can be repeated after 15 to 30 minutes. If no relief after third administration, appropriate adjunctive therapy is recommended.

Precautions: If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam), i.e., phenothiazines, narcotics, barbiturates, MAO inhibitors and antidepressants. Protective measures indicated in highly anxious patients with accompanying depression who may have suicidal tendencies. Observe usual precautions in impaired hepatic function; avoid accumulation in patients with compromised kidney function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated).

INJECTABLE: Although promptly controlled, seizures may return; readminister if necessary; not recommended for long-term maintenance therapy. Laryngospasm/increased cough reflex are possible during peroral endoscopic procedures; use topical anesthetic; have necessary countermeasures available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Use lower doses (2 to 5 mg) for elderly debilitated.

Adverse Reactions: Side effects most commonly reported were drowsiness, fatigue, ataxia. Infrequently encountered were confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, discontinue drug. Because of isolated reports of neutropenia and jaundice, periodic blood counts, liver function tests advisable during long-term therapy. Minor changes in EEG patterns, usually low-voltage fast activity, have been observed in patients during and after Valium (diazepam) therapy and are of no known significance.

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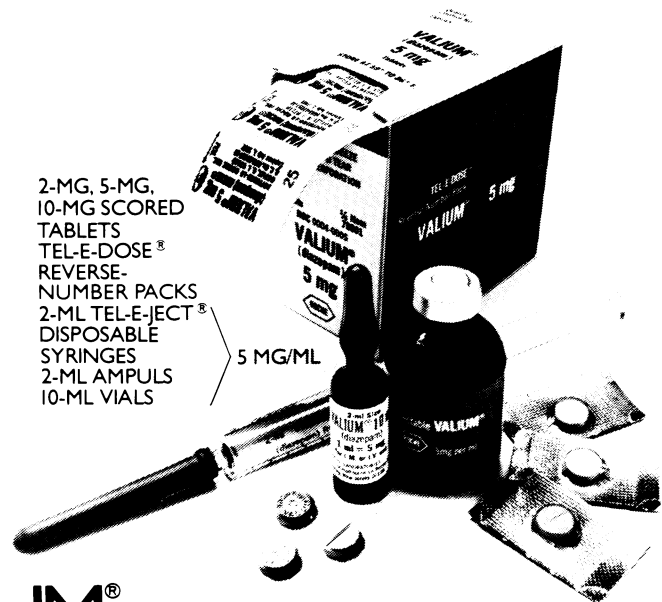
In peroral endoscopic procedures, coughing, depressed respiration, dyspnea, hyperventilation, laryngospasm/pain in throat or chest have been reported.

Management of Overdosage: Manifestations include somnolence, confusion, coma, diminished reflexes. Monitor respiration, pulse, blood pressure; employ general supportive measures, IV fluids, adequate airway. Use levartemol or metaraminol for hypotension; caffeine and sodium benzoate for CNS-depressive effects. Dialysis is of limited value.

Supplied: Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. Tel-E-Dose* (unit dose) packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10. Prescription Paks of 50, available singly and in trays of 10. Ampuls, 2 ml, boxes of 10. Vials, 10 ml, boxes of 1. Tel-E-Ject* (disposable syringes), 2 ml, boxes of 10. Each ml contains 5 mg diazepam, compounded with 40% propylene glycol, 10% ethyl alcohol, 5% sodium benzoate and benzoic acid as buffers, and 1.5% benzyl alcohol as preservative.



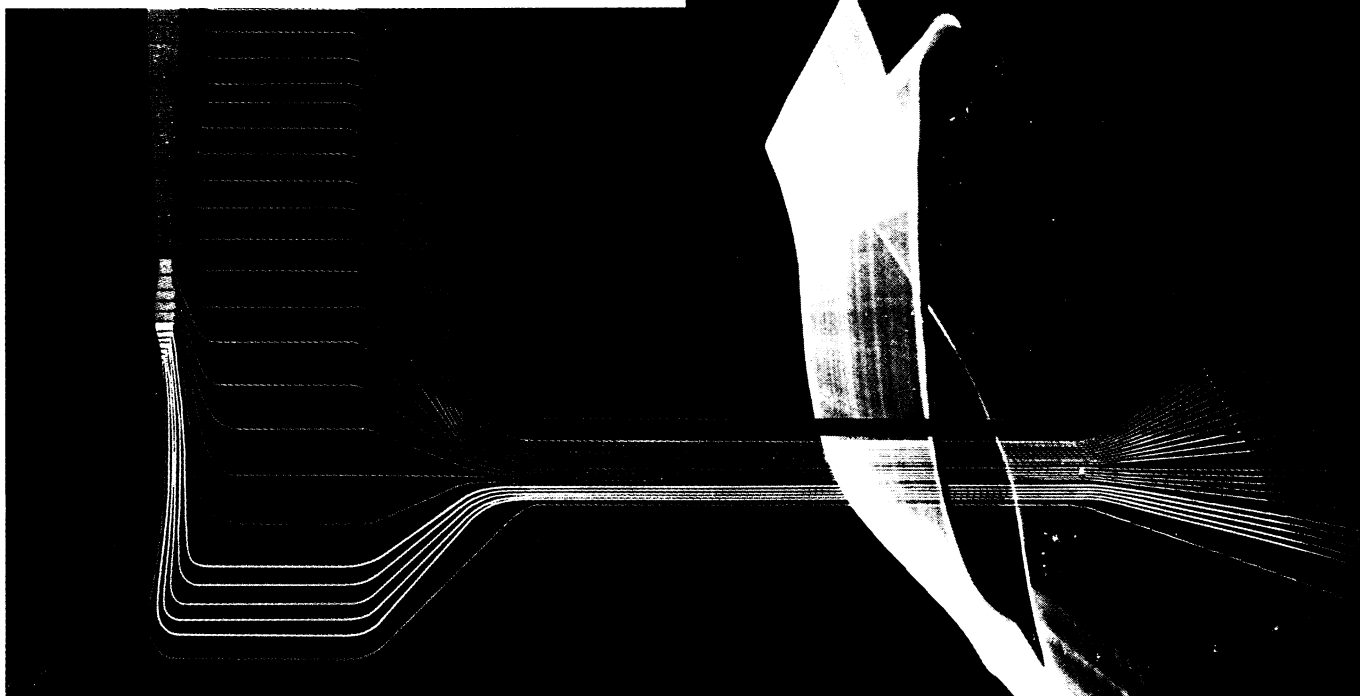
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